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## APPLICANTS

Roger deLusignan, South San Francisco, CA; *✓✓*

Jeffrey Davis, South San Francisco, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/332,359 11/16/2001 *✓✓*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>✓✓</i>	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature <i>✓✓</i> Initials	CA	1	13	2

## ADDRESS

25225  
 MORRISON & FOERSTER LLP  
 12531 HIGH BLUFF DRIVE  
 SUITE 100  
 SAN DIEGO, CA  
 92130-2040

*✓✓*

## TITLE

Systems and methods for evaluating patient-specific information and providing patient management recommendations for healthcare providers *✓✓*

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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